



Supplemental Application Data Sheet

Application Information

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| Application number:: | <u>10/696,735</u> |
| Filing Date:: | <u>10/28/03</u> |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R??:: | |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence Submission:: | |
| Computer Readable Form (CRF):: | |
| Number of copies of CRF:: | |
| Title:: | Techniques For Using A Captured Image For The Retrieval Of Multimedia Documents <u>Recorded</u> <u>Information</u> |
| Attorney Docket Number:: | 015358-009440US |
| Request for Early Publication:: | No |
| Request for Non-Publication:: | Yes |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 11 |
| Small Entity?:: | No |
| Latin name:: | |
| Variety denomination name:: | |
| Petition included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers One:: | |

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Berna
Middle Name::
Family Name:: Erol
Name Suffix::
City of Residence:: Burlingame
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1422 Bellevue Avenue, Unit 105
City of Mailing Address:: Burlingame
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jonathan
Middle Name:: J.
Family Name:: Hull
Name Suffix::
City of Residence:: San Carlos
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 751 Laurel Street, PMB 434
City of Mailing Address:: San Carlos

State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94070

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

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|------------------|---|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | An Appn claiming benefit under 35 USC 119(e) of | 60/462,412 | 04/11/03 |

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::